

DISCHARGE PLANNING

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<p>Does the hospital have a discharge planning process that focuses on patient goals and treatment plans?</p> <p>Are patients and/or their support person involved in the patient discharge planning process?</p> <p>Is discharge plan consistent with patient goals and treatment preferences?</p> <p>Is the discharge plan ensuring effective transition from hospital to post-discharge care?</p> <p>Does the discharge plan reduce factors leading to preventable readmissions to the hospital?</p> <p>A-0799 COP §482.43</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<p>Does the hospital's discharge planning process:</p> <p>a. identify at an early stage of hospitalization those patients who are likely to suffer adverse health consequences in absence of adequate discharge planning and must provide a discharge planning evaluation?</p> <p>b. provide patients with a discharge plan based upon the request of the patient, patient's representative or patient's physician?</p> <p>A-0800 COP §482.43(a)</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
<p>Does the hospital's discharge planning process include these four stages:</p> <p>a. screening all inpatients to determine who is at risk for adverse outcomes post-discharge if they do not receive discharge planning?</p> <p>b. evaluating the post-discharge needs of all inpatients identified in the first stage, or when patients/patient's representative and/or physicians requests one?</p> <p>c. developing a discharge plan if indicated by the evaluation or at the request of the patient's physicians?</p> <p>d. initiating implementation of the discharge plan prior to discharge of an inpatient?</p> <p>A-0799 COP §482.43 A-0800 COP §482.43(a)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

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<p>Are discharge plans developed for patients at the request of the patient's physician, even if no discharge needs have been identified?</p> <p>A-0801 COP §482.43(a)(4)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Is the hospital's discharge planning process regularly re-evaluating the patient's condition?</p> <p>Is there documentation discharge plans are updated to reflect changes?</p> <p>A-0802 COP §482.43(a)(6)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Is the hospital's discharge plan updated on regular basis? What is frequency of update (note in comments)</p> <p>A-0803 COP §482.43(a)(7)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the hospital assess its process by completing a periodic review of a representative sample of discharge plans (including those admitted within 30 days of a previous discharge) to ensure plans are responsive to discharge needs?</p> <p>A-0803 COP §482.43(a)(7)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the hospital use shared data for HHA, SNF, IRF, or LTCH on quality and resource use measures that is relevant and applicable to the patient's goals and treatment preferences?</p> <p>Is the shared post-acute data on quality measures and availability of post-acute resources relevant to the patient's goals and treatment preferences?</p> <p>A-0804 COP §482.43(a)(8)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DISCHARGE EVALUATION AND PLAN					
<p>Does the discharge planning evaluation occur in a timely manner to prevent unnecessary delays in discharge?</p> <p>A-0805 COP §482.43(a)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Is there documentation for every inpatient unit of discharge evaluation activities?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>Are staff following hospital policies and procedures for discharge planning evaluations?</p> <p>Can both the discharge planning and unit nursing staff personnel describe the process for a patient or the patient’s representative or the patient’s physician to request a discharge planning evaluation?</p> <p>Does the hospital have a standard process for notifying patients (or their representative) that they may request a discharge planning evaluation and that the hospital will conduct an evaluation upon request?</p> <p>A-0806 COP §482.43(b)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the discharge planning evaluation include an evaluation of the likelihood of the need for post hospital care and identify the availability of appropriate services?</p> <p>Does the discharge planning evaluation identify the patient’s capacity for self-care or the patient’s ability to be care for in the environment which they resided prior to hospitalization?</p> <p>A-0806 COP §482.43(b)(1)(3)(4)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the discharge planning evaluation (needs assessment) include:</p> <p>a. information gathered from the clinical record and clinical observation?</p> <p>b. information provided by the patient and/or caregivers including patient preferences into both the needs assessment and decision-making process?</p> <p>c. discussion of the results of the evaluation with the patient or individual acting on his or her behalf?</p> <p>d. education and consultation to patient and family members or interested persons to prepare them for post-hospital care?</p> <p>A-0806 COP §482.43(b)(3)&(b)(4)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>Does the discharge planning evaluation (needs assessment) evaluate:</p> <ul style="list-style-type: none"> a. psychosocial needs post discharge? <input type="checkbox"/> b. patient's ability to perform activities of daily living, including the availability, ability and willingness for self-care or care provided by family/caregivers and the availability of post-hospital resources? <input type="checkbox"/> c. Whether the patient's needs will be met in their pre-hospital environment? <input type="checkbox"/> d. need for specialized medical equipment or home and physical environment modifications and whether the equipment is available and if modifications can be made? <input type="checkbox"/> e. availability of additional community-based services such as hospice care, long term care, if needed? <input type="checkbox"/> f. whether the prior facility, if applicable, has the capability to provide necessary post-hospital services to the patient? <input type="checkbox"/> g. Whether higher or lower level of care will be needed than previously required? <input type="checkbox"/> h. patient's insurance coverage, if applicable, and how coverage might not provide for necessary post-acute services? <input type="checkbox"/> <p>A-0806 COP §482.43(b)(3)&(b)(4) A-0807 COP §482.43(a)(2)</p>					
<p>Is the evaluation in the medical record and used to establish a discharge plan?</p> <p>A-0808 §482.43(a)(3) A-0812 §482.43(b)(6)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Is there documentation the results of the evaluation have been discussed with the patient or representative?</p> <p>A-0808 §482.43(a)(3) A-0811 §482.43(b)(6)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Was the discharge planning evaluation and, as applicable, the discharge plan developed by a RN, social worker or other qualified personnel (or under their supervision) as defined in the hospital discharge planning policies and procedures?</p> <p>A-0809 COP §482.43 (a)(5)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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A-0818 COP §482.43 (c)(1)					
Was the discharge planning evaluation completed in a timely basis (within 24 hours) to allow for appropriate arrangements to be made for post-hospital care and to avoid delays in discharge? A-0810 COP §482.43(b)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
For discharges, transfers and referrals, does the hospital have a process to ensure medical information pertaining to the current course illness and treatment, post-discharge goals of care, and treatment preferences are sent to the appropriate post-acute care providers and suppliers, facilities, agencies and other outpatient service providers and practitioners responsible for follow-up or ancillary care? A-0813 COP §482.42(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital include in discharge planning process: <ul style="list-style-type: none"> a. a list of HHA, SNF, IRF or LTCH, as appropriate, that are available, that participate in Medicare, and serve the geographic area where the patient resides or is requested? b. documentation in the record that the list was presented to the patient or patient's representative? c. the need for the patient to verify coverage within their MCO (managed care organization)? d. the patient's freedom to choose among participating Medicare providers/suppliers? e. any HHA or SNF where the hospital has a disclosable financial interest? f. is there appropriate documentation of patient "freedom of choice" decisions? A-0814 COP §482.43 (c) A-0815 COP §482.43 (c)(1) A-0816 COP §482.43(c)(2) A-0817 COP §482.43 (c)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are discharge plans updated when significant changes in the patient's condition change discharge needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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A-0821 COP §482.43(c)(4)					
DOCUMENTATION					
Does the patient's medical record contain documentation of:					
a. timely screening if discharge evaluation not done on all inpatients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. needs assessment as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. the initial implementation of discharge plans, including referrals and arrangements for post-hospital services and care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. educating the patient, family, caregivers, and/or community providers about post-hospital plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. evidence of an ongoing evaluation and reassessment of the discharge planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. discussion of the evaluation with the patient if possible and/or interested persons and caregivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. patient refusal, if any, of post-acute care services, transfer or to comply with the discharge plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. discharge planning notes signed by registered nurses, social worker or other designated qualified personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. evidence of education on post-hospital care? (i.e., medication administration and effects, changes in medications, treatments, therapy regimens, dressing changes, cast care etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. assessment for the need of post-hospital hospice, home health or skilled nursing facility services, including documentation that the patient received a list of area providers noting any financial relationship to the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. legible, health literate discharge instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. discharge medications list and instructions given to patient on changes from patient's pre-admission medications clearly indicated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
m. referrals made to primary care physician or health center?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
n. referrals, if applicable, to specialized ambulatory services such as PT, OT, ST mental health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
o. referrals, if applicable, to community-based resources such as elder and transportation services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0820 COP §482.43(c)(3)(5)					

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A-0821 COP §482.43(c)(4) A-0823 COP §482.43(c)(6)					
QAPI					
Does the hospital review the discharge planning process in an ongoing basis (at least quarterly) through QAPI activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital track and evaluate potentially preventable readmissions as part of its review of the discharge planning process and make changes in the discharge planning process as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0843 COP §482.43(e)					
TRANSFERS AND DISCHARGES					
For patients discharged home, was the necessary information sent to the patient's established physician prior to the first post-discharge appointment or within 7 days, whichever comes first?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0837 COP §482.43(d)					
For transfers and referrals, did the information include the following:					
a. a reason for hospitalization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. description of hospital course of treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. patient's condition at discharge, including cognitive and functional status and social supports needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. medication list (reconciled to identify changes made during the patients hospitalization) including prescription and over-the-counter medications and herbal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. list of allergies (including food as well as drug allergies) and drug interactions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. pending laboratory work and test results, if applicable, including information on how the results will be furnished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. for transfer to another facilities, a copy of the patient's advance directive, if the patient has one?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0837 COP §482.43(d)					
For patients discharged home, did the information include the following					

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<p>a. description of care instructions reflecting training provided to patient and/or family or other informal caregiver(s)?</p> <p>b. if applicable, list of all follow-up appointments with practitioners with which the patient has an established relationship and for which were scheduled before?</p> <p>c. referrals to potential primary care providers, such as health clinics, if available, for patients with no established relationship with a practitioner?</p> <p>A-0837 COP §482.43(d)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>For patients without an established physician, does the hospital have up to date information that can be provided regarding potential primary care providers that may be accepting new patients?</p> <p>A-0837 COP §482.43(d)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Can the hospital demonstrate, through documentation for patients who are transferred or discharged to another facility that necessary medical information, that was ready at the time of transfer, was sent to the receiving facility with the patient?</p> <p>A-0837 COP §482.43(d)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>When applicable, is there documentation in the medical record of providing the results of tests pending at time of discharge to the patient and/or post-hospital provider of care?</p> <p>A-0837 COP §482.43(d)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Is the release of medical information to post-hospital providers:</p> <p>a. only to authorized individuals according to provision §482.24(b)(3) (A0441)?</p> <p>b. done with consideration of the patient's rights for confidentiality, refusal and preference considered?</p> <p>A0837 §482.43(d)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>The following questions pertain to the hospital discharge appeal notice required to be provided to all Medicare inpatients.</p>					

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<p>Is the hospital discharge appeal notice (Important Message from Medicare) given to the Medicare patient or patient's representative no later than two calendar days following admission?</p> <p>A-0117 COP §482.13(a)(1) 42 CFR §405.1205(b)(1),(b)(2),(b)(2)(i-v)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Is the notice required to be signed and dated by the patient or patient's representative to indicate that he or she has received the notice and can comprehend its contents?</p> <p>A-0117 COP §482.13(a)(1) 42 CFR §405.1205(b)(3)(i)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>If the beneficiary refuses to sign the notice, a note is added to its notice to indicate the refusal, and the date of refusal is considered the date of the receipt of the notice?</p> <p>42 CFR §405.1205(b)(3)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Is a copy of the signed and dated notice given to the patient or patient's representative within 2 days of discharge? (Not required if initial notice delivered within 2 days of discharge.)</p> <p>A-0117 COP §482.13(a)(1) 42 CFR §405.1205(c)&(c)(2)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Do the facility's policies assure that if the beneficiary appeals the notice of discharge, the hospitals will provide a detailed notice to the beneficiary no later than noon of the day after the QIO notifies the hospital of the appeal?</p> <p>42 CFR §405.1206(e)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Do the hospital's policy policies assure that any documentation requested by the QIO is provided by close of business of the first day after the material is requested?</p> <p>42 CFR §405.1206(e)(1)&(e)(2)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Helpful Hints

- CMS' hospital [discharge planning worksheet](#)
- [Livanta](#) (QIO) is now handling all Medicare beneficiary appeals.
- There are several resources available that hospitals can use to improve their discharge policies and procedures, such as the Agency for Healthcare Research and Quality (AHRQ) [Re-Engineered Discharge \(RED\) Toolkit](#).
- Collaborate with PAC providers, such as agreeing on standardized processes, information, or forms that are used during discharges, such as the InterACT [Hospital to Post Acute Care Transfer Form](#).

Key Resources and Links

- [COP §482.43 Hospital Regulations and Interpretative Guidelines \(SOM A\)](#)
- [42 CFR §405.1205](#)
- [QSO 23-19 CMS Requirements for Discharge to Post Acute Providers](#)